MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06337

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Calvert County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Calvert

City or town Olivet Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Unnamed baby Barrett

3. (b) Social Security Number
—

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hrs. min.

9. Birthplace Prince Frederick, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Alonza Barrett
13. Birthplace Maryland

MOTHER
14. Maiden name Marium Thomas
15. Birthplace Maryland

16. Informant Mother

Address Olivet, Md.

17. Olivet
(Burial, cremation, or removal. Which?)
Date thereof 6/14/40 (month) (day) (year)

Cemetery or crematory Burial

Location Olivet

18. Funeral director Alonza T Barrett

Address Olivet, Maryland

19. 6/14 1940 (Date rec'd by registrar) J. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1940, at 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14, 1940, to June 14 1940,

and that I last saw h alive on 19

Immediate cause of death	DURATION
Stillborn	
Due to Premature separation of the placenta.	10 hours
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Briscoe
M. D. or other

Address Prince Frederick, Md. Date signed 6/14/40

RECEIVED
JUL 8 1940
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

06338

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Ennis Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Wo

3. (a) FULL NAME Rosie Catterton

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Ve

6 (b) Name of husband or wife James Catterton

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 Months Days It less than one day hrs. min.

8. Birthplace Md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Joe Cheney

13. Birthplace Md

MOTHER 14. Maiden name Rebecca Force

15. Birthplace Md

16. Informant J. S. Catterton

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Mt Harmony

18. Funeral director W H Hutchens

Address Mt Harmony

19. June 27 1940 W H Hardesty (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1940, at 12:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 25 1940, and that I last saw him alive on June 25 1940.

Immediate cause of death Cerebral hemorrhage

DURATION 10 days

Due to Blood pressure

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H Ward M. D. or other

Address Ennis Md Date signed 6/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (183)

CB

06339

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County Calvert
City or town West Beach
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Wash, D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 706 - 17 St N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Roy Cecil Estep

3. (b) Social Security Number 230-07-5030

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Single.
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 25, 1918

8. AGE: Years 21 Months 10 Days 16 If less than one day hrs. min.

9. Birthplace Va. (Town, county, and state)
10. Usual occupation Laundry
11. Industry or business
FATHER 12. Name Jacob Estep.
13. Birthplace Va.
MOTHER 14. Maiden name Lillie Baker
15. Birthplace Va.
16. Informant Russell F. Estep
Address 706 - 17th St N.E. Wash D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 19, 1940 (month) (day) (year)
Cemetery or crematory Macanie Cemetery
Location 6 mi: west Mt. Jackson, Va.
18. Funeral director W H Hartchens
Address Mt Harmony Md
19. June 19 19 ~~[illegible]~~ W H Hardesty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Ef 16 19 , at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death Accidental
Due to Drowning.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. Briscoe. M.D. or other
Address Deputy Med. Examiner for Cal. Co. Prince Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

06340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Kate M. Hardesty

3. (b) Social Security Number none

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

B (b) Name of husband or wife Thomas B. Hardesty

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 12, 1870

8. AGE: Years 70 Months 1 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace Calvert County
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Fielder Rawlings
13. Birthplace Maryland

MOTHER
14. Maiden name Betty Bowen
15. Birthplace Maryland

16. Informant Thomas B. Hardesty

Address Prince Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9, 1940 (month) (day) (year)

Cemetery or crematory Asbury

Location Barstow, Md.

18. Funeral director A. A. Harkness & Son,

Address Mutual, Md.

19. 6/10 6 1940 (Date rec'd by registrar) J. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940, to date 19 ___, and that I last saw her alive on June 4, 1940

Immediate cause of death General Carcinomatosis

Due to Carcinoma of Colon

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
2 mts.
1 yr.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Brusave M. D. or other

Address Prince Frederick Date signed 6/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1949
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

06341

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County: Calvert

City or town: West Beach

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: West Beach Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Howlin

3. (b) Social Security Number

4. Sex: M

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret M.

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Oct. 27 1859

8. AGE: Years: 79 Months: 7 Days: 18 If less than one day: hrs. min.

9. Birthplace: Wash. D.C. (Town, county, and state)

10. Usual occupation: Printer

11. Industry or business

FATHER

12. Name: Patrick Howlin

13. Birthplace: Ireland

MOTHER

14. Maiden name: Ruth Coxen

15. Birthplace: Va.

16. Informant: Mrs Mrs Howlin

Address: West Beach, Md

17. removal (Burial, cremation, or removal. Which?) Date thereof: 6-17-40 (month) (day) (year)

Cemetery or crematory: Mt Olivet Cem

Location: Wash. D.C.

18. Funeral director: James T. Ryan Inc

Address: 317 Pa. ave SE.

19. June 15 1940 (Date rec'd by registrar) W. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/14/1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19

and that I last saw h alive on not attended 19

Immediate cause of death: Chronic Valv. Heart disease.

Due to: Chronic Myocarditis

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 yrs. 1 yr.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. T. Briscoe M. D. or other

~~Deputy Med. Examiner for Calvert Co.~~

Address Date signed

~~Prince Frederick, Md.~~

RECEIVED
JUN 28 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

06342

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert Co. Hospl.

Stay in hospital or inst. (yrs., or mos., or days): 6 hrs.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 632 E. Clement St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none.

3. (a) FULL NAME: Roland Koller

3. (b) Social Security Number: 217-05-7617

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 5

8. AGE: Years: 21 Months: 5 Days: 4 If less than one day: hrs. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Naval reserve

11. Industry or business:

FATHER 12. Name: George S Koller

13. Birthplace: Md.

MOTHER 14. Maiden name: Cora B. Marshall

15. Birthplace: Md.

16. Informant: Geo. S Koller

Address: 632 E. Clement St

17. Burial Balto. Date thereof: Md. (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Baltimore

Location: Baltimore, Md

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md

19. 6/9 1940 W. T. King (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1940, to June 9 1940, and that I last saw him alive on June 9 1940.

Immediate cause of death: Aspirated Pneumonia

Due to: Marsh gas Poison

Due to: Auto Accident

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 6 hrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: June 8, '40

Where did injury occur? North Beach Cal. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): State Road

Means of injury: Auto upset in mud. Injured at work?

23. SIGNATURE: E. T. Briscoe. M.D. Coroner Co.

Address: Deputy Medical Examiner for Cal. Co. Prince Frederick, Md. Date signed: 6/9/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 17 1940
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06343

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Calvert Co Hosp

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Prince Frederick

Stay in hospital or inst. (yrs., or mos., or days): 2 hrs.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State: Md. County: Cal.

City or town: Broomes Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Virginia Mattie Larson

3. (b) Social Security Number: none

4. Sex: F

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1939

8. AGE: Years | Months: 6 | Days: 3 | If less than one day ____ hrs. ____ min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER 12. Name: Julius Larson

13. Birthplace: Minn.

MOTHER 14. Maiden name: Mattie Parks

15. Birthplace: Md.

16. Informant: Mrs Julius Larson

Address: Broomes Island

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18, 1940 (month) (day) (year)

Cemetery or crematory: Broomes Island Cemetery

Location: Broomes Island, Md.

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md.

19. 6/18 1940 (Date rec'd by registrar) S. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16, 1940, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940, to June 16 1940, and that I last saw her alive on June 16 1940.

Immediate cause of death: Diarrhea

Due to: Enteritis under 2 yrs.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 3 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G. T. Briscoe M. D. or other

Address: Prince Frederick Date signed: 6/16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

06344

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Calvert

City or town: Adelina, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 6 mts.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Washington, D.C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none ✓

3. (a) FULL NAME: George M. Pearce

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Mary E. Pearce

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Nov. 4, 1857

8. AGE:

Years	Months	Days	If less than one day
82	7	19	hrs. min.

9. Birthplace: Carrol County. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER — 12. Name: John G. Pearce

13. Birthplace: Md.

MOTHER — 14. Maiden name: Elizabeth Brown

15. Birthplace: Md.

16. Informant: Mrs. George M. Pearce

Address: Adelina, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/25/40 (month) (day) (year)

Cemetery or crematory: St. Paul

Location: Prince Frederick, Md.

18. Funeral director: A. A. Harkness & Son.

Address: Mutual, Md.

19. 6/25/40 (Date rec'd by registrar) D. N. Gray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1940, to June 23 1940, and that I last saw h- alive on June 23 1940.

Immediate cause of death	DURATION
Cerebral Apoplexy	14 days
Due to Arteriosclerosis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. T. Brisbon M. D. or other

Address: Prince Frederick, Md. Date signed: 6/25/40

RECEIVED
JUL 5 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (157-2)

06345

CERTIFICATE OF DEATH

Reg. Dist. No. 5-1

1. PLACE OF DEATH:
County Calvert
City or town Prince Frederick, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Huntingtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME: Unnamed Baby Robinson

3. (b) Social Security Number

4. Sex: Male
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1940

8. AGE: Years | Months | Days | If less than one day: 8 hrs. min.

9. Birthplace Calvert County Hospital
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name William Robinson
13. Birthplace Maryland

MOTHER
14. Maiden name Vivian Stallings
15. Birthplace Maryland

16. Informant Vivian Robinson
Address Huntingtown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4, 1940 (month) (day) (year)
Cemetery or crematory Asbury
Location Barstow

18. Funeral director A. A. Harkness & Son
Address Mutual, Md.

19. 6/4 1940 (Date rec'd by registrar) D. W. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw him alive on June 3, 1940.

Immediate cause of death Cardiac defect — DURATION 8 hours

Due to

Due to

Other conditions Cesarean section
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. T. Inscoe M. D. or other
Address Prince Frederick, Md. Date signed 6/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

06346

CERTIFICATE OF DEATH

Reg. Dist. No. 5

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 weeks

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: Owings Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gussie S. Watson

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Isaac Watson

6(c) If alive, give age: Deceased years

7. Birth date of deceased (mo., day, yr.): Aug. 2, 1860

8. AGE: Years: 79 Months: 11 Days: 12 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER: 12. Name: William Simmons

13. Birthplace: Md.

MOTHER: 14. Maiden name: Valinda

15. Birthplace: Md

16. Informant: Estep Watson

Address: Owings

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 16, 1940 (month) (day) (year)

Cemetery or crematory: Miranda

Location: Huntingtown, Md

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md.

19. 6/16 1940 (Date rec'd by registrar) W. T. Ling Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/14/40 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937 to 6/14/40, and that I last saw her alive on 6/14/40.

Immediate cause of death: Chronic Myocarditis

Due to: Cleavage Interst. Nephritis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 3 yrs. 2 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. T. Parsons M. D. or other

Address: Prince Frederick Md Date signed: 6/16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93rd)

06347

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert Co Hospt.
Stay in hospital or inst. (yrs., or mos., or days): 1/2 hour.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: appeal Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Nathaniel White
3. (b) Social Security Number: none

4. Sex: M
5. Color or race: C
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Drusella White
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): 3/4/78
8. AGE: Years 62 | Months 3 | Days 12 | If less than one day ___ hrs. ___ min.
9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Laborer.
11. Industry or business: Farm.
FATHER 12. Name: (?) White
13. Birthplace: Md.
MOTHER 14. Maiden name: Mary Jane (?)
15. Birthplace: Md.
16. Informant: Drusella White
Address: appeal Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6-19-40 (month) (day) (year)
Cemetery or crematory: St. John.
Location: appeal, Md.
18. Funeral director: P.E. Sewell.
Address: Prince Frederick Md.
19. June 19 1940 (Date rec'd by registrar) H. J. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/16/1940, at 11 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/17/1940, to 6/16/1940, and that I last saw him alive on 6/16/1940.
Immediate cause of death: Chronic Myocarditis — DURATION: 1 yr.
Due to: Cardiac Asthma — 4 days
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. T. Briscoe M. D. or other
Address: Prince Frederick Date signed: 6/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.